

<b>NOTICE OF DELEGATION OF AUTHORITY – RECEIPT FOR SUPPLIES</b> <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>				DATE	
<b>AUTHORIZED REPRESENTATIVE(S)</b>					
ORGANIZATION RECEIVING SUPPLIES			LOCATION		
LAST NAME-FIRST NAME-MIDDLE INITIAL	SOCIAL SECURITY NUMBER	AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM <input type="checkbox"/> THE PERSON(S) LISTED ABOVE THE AUTHORITY TO:					
REMARKS					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER		
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	